SIGNATURE on EVR

1. We received your Eligibility Verification Report (EVR) at the St. Paul Pension Management Center and find it was not properly signed. Please read the instructions below and **return your properly signed EVR as soon as possible to prevent future suspension of benefits.**

2. The EVR form must be signed by the payee who is recognized by VA. Normally, this is the person to whom the monthly check is payable. The EVR cannot be signed by another person on behalf of the beneficiary unless that person has been recognized as the payee by VA. **We can not accept the signature of a power-of-attorney.**

3. **If you are still handling your own finances,** you should sign the form and return it to us. If you are only capable of signing **by "X" mark or by thumbprint,** complete the bottom portion of this form and attach it to the EVR. Place your mark or thumbprint in the designated area and have it signed by two witnesses who must also print their names and addresses.

4. **If you are no longer capable of handling your own finances and:**
   a. **You have a court appointed guardian, custodian, fiduciary, etc.,** the court appointed individual should sign the form and return it to us with a copy of the court papers giving that person legal authority to sign on the payee's behalf.
   b. **You do not have a court appointed guardian, custodian, fiduciary, etc., but are unable to handle your own finances due to medical reasons,** send us a physician's statement which provides an opinion regarding competence to handle legal and financial affairs and, if not competent, stating a diagnosis which supports the opinion.

5. If you have any questions, please call the toll free number at 1-877-294-6380 or 1-800-829-4833 if you use a Telecommunications Device for the Deaf (TDD).

For the claimants who must sign by "X" mark or thumbprint:

"I hereby certify that the information on this form is true and correct to the best of my knowledge and belief."

Mark or Thumbprint: _____

Veteran/Claimant's Name: _____

VA Claim #:   _____

1st Witness: 2nd Witness:

Name (Print):_____   Name (Print): _____

Address   _____   Address: _____

                   _____   _____

Signature: _____   Signature: _____